Virginia State Board of Elections



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA Commonwealth of Virginia

MAR 07 2017

Voter Registration Electoral Board

*Please read instructions before completing this form.							
Type of Statement							
□ NEW		■ AMENDED					
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.					
		Date Changes Took Effect	Date Changes Took Effect SBE-issued Committee ID				
		01/27/2017	CC-12-00963				
Committee Information							
	Lawhorne for Sheriff						
	Name of Candidate Campai	gn Committee					
4-1-475	102 W. Alexandria Avenue	9					
Committee	Street Address/PO Box		Suite #				
Information	Alexandria		VA	22301			
Maria Maria	City	.,,	State	Zip Code			
	KSmithRN@Att.net		7037464114				
	Email Address		Daytime Phone #				
	Campaign Website	7					
Candidate Information							
Candidate	Lawhorne	Dana					
	Salutation Last Name	First Name	Middle Name	Suffix			
	102 W. Alexandria Avenu						
	Residence Address		Apt#				
	Alexandria		VA	22301			
Information	City		State	Zip Code			
	ALEXANDRIA CITY	703022845					
	County or City of Residence	Voter Identification #					
	danalawhorne@verizon.n	et 7037464114					
	Email Address		Daytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Sheriff	Alexandria City					
	Office Sought	District (if one)					
	Democratic	2017	November May	Special			
	Political Party	Year of Election	Type of Electi				



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information						
Treasurer Information	Smith Salutation Last Name	Kathleen First Name	T Middle Name	Suffix		
	2309 Scroggins Road	First Maine	Middle Name	Suitz		
	Residence Address		Apt#			
	Alexandria		VA	22302		
	City	•	State	Zip Code		
	ALEXANDRIA CITY	712022208				
	County or City of Residence	Voter Identification #				
	KSmithRN@att.net	7039272522				
	Email Address	Daytime Phone #				
	🗷 By checking this box, I certify that I am currently registered to vote at the address above.					
	Campaign	Depository				
Burke and He	rbert Bank					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Alexandria	ia VA					
City	State	City State				
	Committe	e Activity				
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
Dates of Activity	Date first contribution accepted:	03/15/2009		, ,		
		03/15/2009				
	Date first expenditure made:					
	Date campaign depository designate	ed: 03/15/200 9				
		ation: 03/15/200	5			
	Date filing fee paid for party nominary Date Statement of Qualification file	8tion:	<u>.</u>			

(continued on next page)



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Filing Method					
	Please indicate the method by which this committee will submit all required campaign finance repor				
	KI File electronically using SBE's Electronic Filing Application.				
Filing Method	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Lathlen South Signature 3/1/17 Date				
Signatures					
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature Date				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. April				